



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DANIEL STALEY
DIRECTOR

MEMORANDUM

To: Local Health Directors, Directors of Nursing, Nursing Supervisors and Public Health Nurses, DPH Nurse Consultants

From: Phyllis M. Rocco, MPH, BSN, RN
Chief Public Health Nurse

Subjects: 1) DPH Local Use Code Set.
2) Other Services (OS) and Primary Care (PC) Program types

Date: February 1, 2018

1) Effective April 1, 2018, the Division of Public Health (DPH) will no longer maintain the DPH Local Use Code Set.

As you know DPH implemented its new data collection process, *Local Health Department – Health Services Analysis (LHD-HSA)* on January 1, 2018. Under this new process, data generated from the DPH sanctioned LU Code list will no longer be collected in LHD-HSA. There is no consistent manner for all vendors providing ERHs to counties to accommodate the LU code nomenclature.

BACKGROUND

DPH LU Codes were first used in 2000 to track LHD services with no industry defined CPT or HCPCS code. These services were given a local code and definition so DPH could track their meaning in HSIS and later in HIS. Over the years of use, the LU Code definitions have not been consistent and have become corrupted. Additions to the National CPT code set have replaced the need for most of the LU Codes used by NC local health departments. Also, some Electronic Health Record vendors (EHR) have eliminated the use of LU Codes entirely because their EHR could not accommodate the LU Code format. These EHRs have replaced the LU Codes with a vendor generated code.

NEXT STEPS

DPH has contacted all current vendors and/or local health departments (LHD) to assure there are no barriers to either assigning a vendor generated code or with continuing the use of their current LU Code set. If counties want to continue to use the DPH LU Code Set, they will need to maintain the list of LU Codes and each codes' definition at the local level. Please work with your vendor to identify the process of how your county will track these services. This process must be in place by April 1, 2018. The current DPH LU Code Set is attached for your convenience.

Remember: some of the LU Codes (e.g., LU Code 114 and LU Code 265) were used to collect data required by program agreement addenda (AA). Please assure whatever system you put in place will continue to collect the data required to meet your AA.

2) Changes in the Approval Process for Other Services (OS) and Primary Care (PC) Program Types

Local health departments no longer are required to have OS and PC program types approved by the Local Technical Assistance and Training (LTAT) Branch. This change is a result of the new data collection process, *Local Health Department – Health Services Analysis (LHD-HSA)* which began January 1, 2018. All services can be analyzed based on CPT or HCPCS codes. The Division does however want to be informed when local health departments implement a PC program. LHDs will need to assure the following when implementing a PC program:

- Establish a fee schedule approved by the county governing board,
- Establish policies, procedures and any standing orders that support PC services, inclusive of eligibility and billing,
- Establish a service description, describing the types of services that will be provided in PC,
- Inform your malpractice insurance carrier, and
- Notify Phyllis Rocco at: phyllis.rocco@dhhs.nc.gov when implementing PC.

Please address questions to your PHNPDU Nursing Consultant.

Cc:

Beth Lovette

Public Health Administrative Consultants

DPH Nurse Consultants